

Institutional Structures GNWT Health System

**Formation, Responsibilities and Relationships of
Community Health Committees, Regional Health Boards
and the Territorial Health Board**



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INTRODUCTION

With transfer of Health from Medical Services Branch to the GNWT Dept. of Health, a new system of service delivery will be established. The new system stresses participation, devolution of authority and devolution of accountability; all of these in parallel to the most reasonable and practical level. Participation is provided to ensure that the system responds to the health needs of the people. The people in turn come to a better understanding of their health service through management of its resources. Accordingly, we are formalizing health institutional structures at community, regional and territorial levels to ensure that participation is provided at all three perspectives.

The institutional structures to operate the decentralized system in the communities will be centered in the Community Health Committee (CHC) and the Regional Health Board (RHB). This paper will explain the function of the community health committee and the regional health board and will also explain the relationship between these two institutions and all community health facilities such as nursing stations.

The ultimate authority for health operations will rest with the Minister of Health and the Executive Council of GNWT. The Minister's role and that of the Territorial Health Board (THB) is also outlined.

The GNWT is dedicated to community participation in the management of all health facilities and programs. While it is not practical or economical in most cases to have each community manage its own facilities, community participation is assured by membership on the regional health board, which will carry out the management function.

The GNWT sees participation in health matters in a broader manner than simply facility management; it will therefore emphasize local participation by community members in the community health committee, in order to seek a healthy environment, healthy way of life, and healthy attitude in the communities.

This paper is organized under the following headings:

- A. Community Health Committees (CHC)
- B. Regional Health Boards (RHB)
- C. Territorial Health Board (THB)

A. COMMUNITY HEALTH COMMITTEES (CHC)

1. Overview

The community base for the Northwest Territories Health system will be the Community Health Committees. These committees, one in each community, will not be appointed by the Minister of Health but will be an entity of community government. The CHC will be formed by the government council in the settlement, hamlet, town or city. Where there is a band council as well as a municipal council, the two will get together and make a joint recommendation as to the formation of the CHC.

In each area of the N.W.T., regional health boards will manage the health system of that area. The regional health boards will be made up primarily of one member from each community; these members will probably be chosen from the CHC's. It will be in this way that the community people of each region control and manage their own health care. While the regional health boards and not the CHC's will directly manage the nursing stations and other facilities in each community, the CHC's will work in partnership with the nursing station to improve community health. The CHC's, for example, can be a very practical way of delivering preventative health information and education programs to community residents.

Traditionally, the committee is a group of people with interest in a distinct cause or "solving the same problems", which the acute care facilitators at the nursing station are perhaps unable to deal with. The committee generally takes shape as a result of people with the same interest coming together in an informal setting.

2. Political Structure

Depending on the region and system of local government, local health committees are usually either committees of hamlet council (or settlement, town, city) or band council. In some communities, at the present time, the health committee may be independent as a society under the Societies Act; after transfer, each CHC will be encouraged to have an attachment to the local community government.

In other communities, at the present time, the Health Committee may operate independently as an interest group with no legitimate authority. In most cases, however, the committee is an entity of the municipal government. As a society, the committee may involve itself in fund raising and spending for special projects separate to any municipal government involvement.

It is recommended in the formation of new CHC's that associations be made with an existing political body - e.g., municipal council, band council. In this way, funding for projects can be controlled and audited through the political body. Even as a society it is advisable to align with the local government.

For the new CHC, the band and/or municipal council will determine its relationship with council and establish its role and responsibilities. Terms of reference for the functioning of the committee will vary from committee to committee reflecting the diversity found between the many local government councils. However, generally, terms of reference will define overall goals, objectives and specifics such as the number of members required for the committee, how the committee will be formed (i.e., elected or appointed), length of term on the committee, committee officers and their responsibilities, meeting times, etc.

It is recommended that someone on the committee be a member of the larger political body - e.g., hamlet council, band council. This member can be an ex-officio member or a regular member. Ex-officio infers that the member advises and reports but does not vote on policy or program matters.

The committee should attempt to include professionals and paraprofessionals as regular members in an advisory capacity. Not to be omitted, however, are members of all cultural groups within the community.

(a) Possible Committee Structure

Any committee should be made of at least six (6) members with one person designated as Chairperson. The internal structure of the committee should provide for a secretary. This provides a mechanism to keep track of minutes for the committee and handle general correspondence. Also, a system of financial accountability should be found in the form of a treasurer.

(b) Committee Meetings

New health committees should establish general regulations regarding meetings. The Committee may wish to draw up a constitution and committee by-laws, however, in the formative stages this is premature. At the initial stages of development it should be noted that the committee is more apt to succeed if it comes under the jurisdiction of the municipal government, and will act within the guidelines established by that government.

The committee may later wish to examine how other community committees are established and prepare a framework based on other models (e.g., Educational Committees).

3. Roles and Responsibilities

The role that a health committee may assume in a community will largely be determined by guidelines it sets for itself in accordance with directives it receives from its governing body (i.e., band council, municipal council), and also the guidance it may receive from the regional health board. The authority which a band or hamlet council gives to a health committee is determined by government legislation.

The delivery of health services, at present, is the joint responsibility of the GNWT and the Federal Government. In some regions the management and delivery of health services have already been transferred from the Federal to Territorial government. The Territorial government, in turn, has organized Regional Boards of Health who manage and are responsible for the administration and delivery of health services in their respective regions. While the role and responsibility of a local health committee does not include the management of health delivery services in the community, because of the membership relationship being developed between the CHC and the RHB, there will be a continuing and growing dynamic between those two bodies.

(a) Possible Terms of Reference for CHC

- (i) Become aware of and respond to health-related issues of the community.
- (ii) Priorize community needs, issues and problems related to health.
- (iii) Advise and consult with politicians and health care professionals on health concerns of the community.
- (iv) Develop, administer and facilitate community-based health education programs.
- (v) Where a Regional Health Board is in place, advise and consult with the board and administration on all community health concerns.
- (vi) Works towards its own development in both an administrative capacity and in its own health knowledge, in order to take on greater responsibilities.

These guidelines give the health committee a solid base from which to define its activities. It is important, particularly with a newly formed health committee, that communities' needs be carefully prioritized and that issues or concerns selected for action do not overwhelm the resources of the committee. As the committee members will be mostly volunteers from the community, it is important that the committee not over-burden itself by taking on too many activities at any one time.

As can be inferred by the guidelines, the health committees may take a major role in assisting and working with the community health nurses in the delivery of health education programs being initiated. As well, the health committee may act as a liaison between the community and nurses by providing a forum where concerns of the community and/or the nursing staff may be brought forth for cooperative solutions.

Health issues recognized by the health committee may be referred to the regional health board and/or the hamlet or band council who, in turn, may appeal to the appropriate government body for action. Some hamlet or band councils may give the authority to their health committees to initiate action on their behalf.

(b) Possible Activities

The following is a list of functions that the health committee could undertake based on the Terms of Reference. The order is progressive. An established health committee could begin at any level of activity depending upon the community needs, and the particular activity.

ACTIVITY

DETAILS

Identifying Community Health and Social Issues

- determining and collecting information from a variety of sources within the community.

Network Building

- creating a number of links within the community to further identify problems. Links could include alcohol workers, RCMP, social workers, community leaders, etc. These links may be most useful later.

Assessment of Health Needs

- identification of high risk groups; directing the membership towards drawing up a plan of action to address problems, especially for high risk groups.

Program Development

- with the assistance of the "network", develop a program in detail to reduce a problem based on the needs of the community.

Advising the Municipal Government and Regional Health Board

- a time should be set aside to fully advise both these bodies on strategies. this can be accomplished through the liaison member in each case. The advice and support of the municipal government and RHB should also be sought.

Financing

- the committee or a sub-committee should undertake to draw up a budget (if required) to assist with solving the problem.

Implementing Plans

- the program should be implemented in the most effective manner. Also, the committee should determine if the plans are to be long range and continuous or short term measures. Coordination with other community based organizations should be in place.

Program Evaluation

- Document the success and failure of the program and make recommendations.

Reporting

- report to the municipal government, the financial source and the Regional Health Board, the results of the program. This primarily is the evaluation and should be documented in a summative report.

Financial Accounting

- if funded by any organization, it is imperative that the organization be supplied with a copy of the report and an accounting of all financial transactions.

4. Resources

Various government departments and non-governmental agencies may be able to assist health committees in carrying out their activities. These resources may take the form of funds, educational aids and information, and resource people. The Regional Health Board, the GNWT Department of Health, Health and Welfare Canada (Medical Services Branch), Dene Nation and Inuit Tapirisat of Canada (ITC) (through its various regional affiliates) and the Committee for Original Peoples' Entitlement (COPE) all provide health professionals able to work with health committees on special projects or areas of concern. Non-governmental agencies such as St. John Ambulance, NWT Council for the Disabled and the NWT Mental Health Association are additional sources of information and support services.

If the health committee simply discusses health concerns and makes recommendations to the political body, little funding is required. For minor concerns such as telephone and postage charges, the municipality can usually account for such costs internally.

Funding for special projects, however, should be forwarded to the appropriate source with accompanying support from the municipal government. If all financial transactions are made through the municipality, the disbursement and accountability is then with that municipal government.

Some possible sources of funds for special projects include the following:

- Regional Health Board.
- Government of the N.W.T. Department of Health, Health Promotion.
- Secretary of State.
- National Native Alcohol and Drug Abuse (NNADAP).
- Government of the N.W.T. Department of Social Services.
- Health Promotion Directorate, Health and Welfare Canada (through the Department of Health, GNWT).

B. REGIONAL HEALTH BOARDS (RHB)

1. Overview

The Regional Health Board will be the primary management board in the health delivery system. The regional divisions will be on a pragmatic basis and will not necessarily match the geographic regions of the GNWT. In some cases, the RHB will manage nursing stations and public health units in a certain area; where a hospital is included in that area, the hospital will also be part of their responsibility. Sometimes, the major part of the responsibility will be a hospital in their area. At the present time, our decentralized management boards are:

Baffin Regional Health Board
Fort Smith Health Centre
H.H. Williams Memorial Hospital
Inuvik Long Term Care Facility
Keewatin Regional Health Board
Stanton Yellowknife Hospital

When the transfer is complete, some of these management boards will stay the same, others will evolve to take on further responsibilities; there will probably be three more regional health boards added for a total of nine across the N.W.T.

All regional health board members will be appointed by the Minister of Health. The appointees will be from the communities with a basic membership of one person from each community. The Minister will invite nominations for appointment from the municipal and/or band council from the community, and will suggest that the person nominated also be a member of the community health committee, perhaps the chairperson. Regional councils for a group of communities may also want to have representatives on the Regional Health Board, although it is not mandatory. According to size of population one community may have more than one member representing that community.

2. Political Structure

Boards of Management are presently appointed pursuant to Section 11.2 of the Territorial Hospital Insurance Services Act. They are established to operate one or more facilities including related programs and services. Members of Boards, commonly called "trustees" are nominated from communities for appointment by the Minister of Health. These persons are active, respected members of communities and often are either the chairperson or member of the community health committee.

Terms of office after a Board is in operation are usually three (3) years to a maximum of two (2) consecutive terms.

The Board is established as a Body Corporate under a name assigned to it by the Minister and is considered a "Working Board".

3. Roles and Responsibilities

The function of these Boards is to operate, manage and control the health facility or facilities, programs and services assigned to it. To accomplish this the Board;

- selects and appoints a Chief Executive Officer
- proposes rules for conducting and concluding the business of the Board (By-laws)
- determines objectives and major policies
- ensures that qualified staff are employed and maintained
- safeguards assets
- ensures financial stability
- approves organizational and major delegation of authority patterns
- ensures that plans and programs are designed to conform with and meet approved objectives
- approves policies concerning relationships with external organizations and groups
- analyzes and evaluates the total operation of facilities/programs and services for which it is responsible
- participates in the decision-making process in cooperation with government.

To ensure clear lines of authority between RHB's, Department of Health and other government departments, each Board has a specific agreement clarifying terms of reference, roles and responsibilities.

4. Resources

Under our Canadian Parliamentary system, for every fiscal year the Legislative Assembly votes an amount of money designated to the Department of Health from the overall N.W.T. budget. The Minister of Health then has the responsibility to allocate to each regional health board, the amount of money required for it to run its facility and programs. The main part of this money will be allocated through the Territorial Health Board but some of the money, mostly for community-type health programs, will be allocated through the Department of Health.

No level of funding in any one year can be guaranteed to any particular regional health board, since the prerogative for amounts of money for health in the Territories rests with the Legislative Assembly, and secondly the prerogative for the division of that money within the Territories rests with the Minister and the Territorial Health Board, which is appointed by the Executive Council on the advice of the Minister.

C. TERRITORIAL HEALTH BOARD (THB)

1. Overview

When the transfer of the remaining health services from the Federal Government to the GNWT is completed, the senior authority for health in the Territories will be the Minister of Health and the Territorial Health Board. The purpose of the THB is to ensure that public participation in policy and management continues with a Territorial wide focus. Certain health programs, mostly those related to facilities such as hospitals and nursing stations, will fall under the jurisdiction of the Territorial Health Board. Other health programs, mostly related to community health, health promotion, legislation and insurance benefits will come directly under the control of the Minister. The Regional Health Board will look to the THB or directly to the Minister for its authority and funding. The THB will be a regulatory Board in relationship to the RHB's; it will also propose the required legislation, write policy, carry out evaluation, and will divide its overall Territorial funding amongst the Regional Health Boards. The Territorial Health Board is appointed by the Executive Council of the GNWT on the advice of the Minister of Health.

2. Political Structure

The membership on the THB will be formed in the following nomination and appointment process:

Four representatives will be chosen, one from each of the four main aboriginal groups: Indian (Dene Nation), Metis (Metis Association), Inuvialuit (COPE), Inuit (TFN). The native associations will nominate.

One "Eminent Person" from each GNWT regional geographic area appointed as follows:

The nominations for each "Eminent Person" will be through the regional health boards. Each regional health board will put forward three nominations to the Minister, who will then choose one representative for the THB from these three for that particular geographic region. Where there is more than one RHB within a geographic region, the Minister will choose one THB member from all the groups of three nominees put forward. No sitting member of an RHB will be eligible for membership on the THB.

There will be one member nominated by the Minister from the Dept. of Health who will act as Chairperson.

The Executive Council of the GNWT will appoint on the advice of the Minister.

The Minister will supply each RHB with the names of the organizations and individuals that he wishes to be invited to nominate (e.g., the MLA in the area). The RHB will then invite nominations from this list, add any people the RHB wishes; then, from that total list, three will be put forward to the Minister. The Minister would have access to all the names on all the lists.

3. Role and Responsibility

The future Territorial Health Board will be similar in its power and function to the existing Territorial Hospital Insurance Services Board (THIS). This existing Board has the following powers:

- (a) to develop and administer the hospital insurance plan;
- (b) to determine eligibility for and entitlement to insured services;
- (c) to determine the amounts that may be paid in respect of the cost of insured services provided to insured persons;
- (d) to enter into agreements on behalf of the Territories with hospitals or other health facilities in or outside the Territories or with the Government of Canada or any province or an appropriate agency thereof, for the provision of insured services to insured persons;
- (e) to license, supervise and inspect hospitals and other health facilities in the Territories, and ensure that adequate standards are maintained therein;
- (f) to authorize the establishment of hospitals and health facilities in the Territories or any change in such facilities, and develop and maintain a coordinated system of hospitals, training schools and related health facilities throughout the Territories;
- (g) to conduct surveys and research programs and obtain statistics for such purposes;
- (h) to appoint inspectors to inspect hospitals and health facilities in the Territories to ensure that adequate standards are maintained therein;
- (i) to appoint inspectors and auditors to examine and obtain information from records, reports and accounts;
- (j) to prescribe forms and records necessary to carry out the purposes and provisions of this Act; and
- (k) to perform such other functions and discharge such other duties as may be assigned to it by the regulations.

The THIS Board was established by the THIS Act in 1959. With the transfer of the nursing stations and other facilities and programs of the Baffin Region in Aug. 1986 the THIS Act was amended to allow for the expanded mandate of Regional Health Boards due to that transfer. The THIS Act will be again revised to encompass the new organization under the final Transfer. The rewriting is being done at the present time; legislation will take place after Transfer.